Reg. Dist. No.

(County)

(Stote)

DATE SIGNED

4-18-56

(Stote)

by

of

WIDOWED | DIVORCED [ 1-14-97 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Farm Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Lobar pneumonia, bilateral, upper lobe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Emphysema bilateral lower lobe Canditions, if any, which gove rise to immediate coese (a), stating the under-Congestive heart failure secondary to #2 lying cause lost. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour a.m. Not while of work of work 19 25 to 4-15 21. I certify that Kattended the deceased from 8-12 19.56 KAPPROPRIOR CHAPTERS APPENDENCE OF THE CONTROL OF THE CON ADDRESS (Street, city or town, stote) ACTUAL VAH, Perry Point, Md. SIGNATURE PHYSICIAN'S Director, Professional Services W. OPPLER NAME (Type) 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, Iown, or county). REMOVAL (Specify) ADDRÉSS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Cecil Pennsylvania b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) erry Point BOyrs.8mo.3day Marchand d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hosoital YES NO I NAME OF 4. DATE Month Year DECEASED FRANK (NMI (Type or print) BARTHOLOMEN DEATH April 19 56 FUNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Male White 12. CITIZEN OF WHAT COUNTRY? USA Address Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH 4-7 days unknown Right ventricular dilatation secondary to #2 unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUING GIVEN IN PART, 1(0) 19. WAS AUTOPSY AFTORMED? calcification of the aortic valve, thoracic abdominal aorta & bilateral YES TO NO T 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Deliga

VS A15 (4) 15M 9/55

Two for one, Film G196, 5/2/56 fcy

MINERTENCATE OF DEATH

SELVIELS 1956
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S. V. UNATRUE

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After O

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03905

### CERTIFICATE OF DEATH 3934

Reg. Dist. No. 96

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
county Cecil MARYLAND	STATE MARYLAND COUNTY Prince George						
CITY (It outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)						
OR end give neerest town town Perry Point (in this place)	TOWN Capitol Heights /6_36_1						
HOSPITAL OR 3 Yrshno.llda INSTITUTION OR Veterans Administration Hospita							
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)						
(Type or Print) PAUL NMI C	ARPINO DEATHAPTIL 21, 19 56						
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE							
7.00	ber 14,1924 31 yrs. Months Doys Hours Min.						
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during mest of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT						
done during mest of working life, even if unknown	Lawrence, Mass						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
JOSEPH CARPINO	PAULINE CALEGIORE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
(Yes, no. or unk.) (If Yes, give wer or deles of service) 048 12 2379	Hospital Records -VAH., Perry Point, Md.						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN						
	onset and Death						
	ulosis, far advanced, active, Over 10 yrs						
ANTECEDENT CAUSE(S) DUE TO	DITAGERAL						
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDFELYING CALISE LAST DUE TO							
STATING UNDERLYING CAUSE LAST. DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,	YES NO						
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while I work of work	21f. HOW DID INJURY OCCUR?						
VA	, 19 53 , to Apr. 21, 19 56 AND WARD CONTROL OF THE PROPERTY O						
22. I hereby certify mar warended me deceased from Advantage of the course of the cour							
	ADDRESS (Street, city, town, stete)  DATE SIGNED						
Signature Hamel Acring Directors Pro	fessional Services, VAH., PerryPoint, Md.4-21-50						
23. BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY OF							
REMOVAL (SPECIFY)	(4.5)						
REGISTRAR REGISTRAR REGISTRAR'S SIGNATURE	ict Bloomfield Conn   25. FUNERAL DIRECTOR'S SIGNATURE? ADDRESS						
4-21-37 4	V Z						
DATE / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRESENTATOR TO JACK HALLS De Grace, Md.						

AND STAND STAND DIVISION OF HEALTH PARTIMORS, IN

A STATE OF THE PARTY OF THE STATE OF THE STA

TRAIL CERTIFICATE OF DEATH

2.2. Capable and Later Company of the Company of the

BUREAU V. S.

9961 PS 84A

BECENTED

CERTIFICATE OF DEATH Loseph Sunderger gest & yay

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

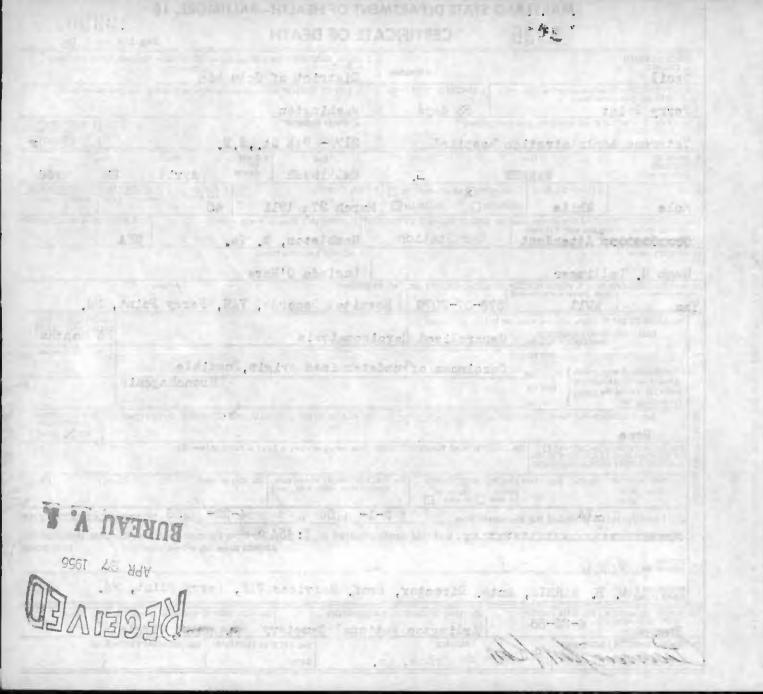
3936

### CERTIFICATE OF DEATH

()3907 Reg. Dist. No. 96

										20
1. PLACE OF DEATH o. COUNTY Cecil			MAR	YLAND	2. USUAL RESIDENCE (WHO, STATE District of		b. COUNTY	on: Residence	e before	admission)
	If autside corporate limit earest town)	ls, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF			URAL ond gi	ve neare	ist town)
Perry Poin			53 days		Washington				47	X-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?
man .	Administrat	ion E	Cospital		217 - 9th	St. S.	5			YES NO
3. NAME OF DECEASED	Fin	st	Middl	le	Lost	4. DATE	Mon	lh	Day	Yeor
(Type or print)	WAR	REN	L		DELLINGER	OF DEATH	April	L	22	1956
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED 🔲	8. DATE OF BIRTH					F UNDER 24 HRS.
Male	White	WIDOWE	DIVORO	ED	March 27m 19	11	45 yrs.	Months 1	Doys	Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work	one 10b.	KIND OF BUSINESS		TRY 11. BIRTHPLACE (Stote		untry)	12. CITI	ZEN OF	WHAT COUNTRY
	king life, even if retired on Attendan		Gas Stati	on	Hambleton,	W Vo		USA		
13. FATHER'S NAME	JAK BUTULLUM				14. MOTHER'S MAIDEN N			0.02		
Hugh M. De	allingen				Lucinda 011	an wa				
	R IN U. S. ARMED FOR	CES? 116.	SOCIAL SECURITY NO	O. 17. ff	NFORMANT	TGT GF	Addr	ess		
Yes, no. or unknown)	(If yes, give war or dates of so WW11		18-07-2070	Ho	spital Record	ds. VAI	H, Perry	Point	, Md	l <u>.</u>
	ATH [Enter only one ca	use per lir	ne far (o), (b), and (c)	1.]					INTERV	VAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Ge	neralized	Carc	inomatosis				6	Months
162X	DUE TO									
Conditions, if o	ony, which ) 16	Ca	rcinoma of	f und	etermined ori	gin, Po	ssible			
gove rise to i	mmediate						Broncho	genic		
cadse (o), stoling lying cause lest.	the <u>under-</u>	,								
Z PART II. OT			ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY
None										PERFORMED? YES K NO
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (	OCCURREE	D. (Enler nature of injury in I	Port I or Port	II of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Yes	While	Not while	20e. PLA foc	ACE OF INJURY Irlame, form tory, street, office bldg., etc	.) 20f. (City	or town)	(Co	ounty)	(State)
	VA LINE			3-	1* 1956 to	4,-	22- 1056			Photographs
	nat A affended the									
office fieres	*****		cocx, and the	t death	accurred at 1145				e date	
ACTUAL 2	mull	24 6			•	WDOKESS (2)	reel, city or town,	stolej		DATE SIGNES
SIGNATURE	millario	12/1	•	/	M.D					
PHYSICIAN'S W.	H. HARRIS	Act	g. Directo	or, P	rof. Services	VAH,	Perry Po	int,	Md.	
	ON, 226. DATE THEREO	F	22c NAME OF CEA	METERY OF	R CREMATORY	22d. LOCAT	ION (City, town, o	or county)		(Stote)
REMOVAL (Specify	4-22-56		Arlingto	n Nat	tional Cemete:		ington.		ia.	1
73 FUNERAL DIRECTOR	'S SIGNATURE	111	ADDRESS			D BY REGISTI		TRAR'S SIGI		1
THE WATER	TON AL SONS		e de Grace	e. Md	DATE	vil 251	956 Jac	ue E	1 1	ng herty
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO		1000		75,00					4 (4)	4 27

VS A1S (4) 15M 9/SS



VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03908 eg. Dist. No. 96

	2921	OEK!!!!	CAT I	LOIDEA			Reg. Di	st. No.	. 70	
1. PLACE OF DEATH o. COUNTY C	cil	MARYLAI	ND 2.	o. STATE Mary	Where deceose	d lived. If institution b. COUNTY				ion}
b. CITY OR TOWN (I RURAL and give no Perryville		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I		prote limits, write R	URAL ond	give nec	rest town	1-4
Veteralia A	AL (If not in hospital, give street ministration He	oddres) ospital	8	d. street Address 19 Frankli	Intown ]	Road,				FARM?
3. NAME OF DECEASED (Type or print)	Fint	Middle	Der	enberger	4. DATE OF DEATH	Mon April		14,		Year 19 56
5. SEX Male	6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED		4-8-95		9. AGE (in years last birthdoy) 61 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
during most of wor	ON (Give kind of work done 10bkpg hitel eyen if retired)	Construction		Baltimo			12. CI1	U.S		COUNTRY
3. FATHER'S NAME			1	4. MOTHER'S MAIDEN	I NAME			-		
John De	renberger			Kate La	inhart					
	R IN U. S. ARMED FORCES? 16	None	17. INFO	rmant spital Rec	ords,	VAH, Perr		nt,	Md.	
18. CAUSE OF DEA	ATH [Enter only one cause per l	ine for (o), (b), and (c).]						INTI	ERVAL BE	TWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary occ	lusi	on				00	hiches	WIT ATH
Conditions, if a	DUE TO	Hypertensive	e car	rdio vascu	lar dis	ease.		U	Inkno	wn
gove rise to i cosse (a), stating lying couse lost.	mmediate (	22,9 502 00202								
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	7 1(o) 1	PERFO YES	AUTOPSY RMED? NO K
20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 206. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury i	n Port I or Por	t (I of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	While		e. PLACE factory	OF INJURY IHome, fo , street, office bldg., e	orm, 20f. (City olc.)	or town)	(4	County)		(Stote)
21. I certify th	at I attended the decea	sed from Feb 17		, 1956 , HOCK	XXXXXX	XXXXXXXXXXXX	Na M	1637-86	WYR6	Secesse
A HIVE POTXXXX	Stranger exercise	exercise, and that de								
ACTUAL SIGNATURE	W. Cyylle	er	M.D.	· ************************************		treet, city or lown,		40 10 vp. 60		ATE SIGNED
PHYSICIAN'S NAME (Type)	W. Oppler, MD.	Chief, Prof.	. Ser	vices		and the little wife was the little with the play and the thirt that the the			-	
220. BURIAL, CREMATIC REMOVAL (Specify)	DN, 22b. DATE THEREOF	22c. NAME OF CEMETE				TION (City, town, o		,	(Stote	e)
23. FUNERAL DIRECTOR	7 +7 70	New Cathed	ral (			imore, Ma			ne .	
	ard Strong Fune	_	lt. 1		4-15-		TRAR'S SIG	- 9	0.	al at

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Carlos Dillington

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DIRECTOR

FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 .V UABRUA

VS A15 [4] 15M 9755

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
	<b>-</b>			

3	939	CERTIFICATE OF DEATI
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	03	91	0,,
Reg.	Dist. No.	7	7

1	o. COUNTY  Cal  MARYLAND	o. STATE  O. STATE  O. STATE  D. COUNTY  D. COUNTY
×	b. CITY OR TOWN (If outside corporate limits, write RURAL and sive nearest town)	c. CITY OR TOWN (If, a) tside corporate limits, write RURAL and give nearest town)
Ì	d NAME OF HOSPITAL (If not in hospital, give street address) L'OR INSTITUTION	d STREET ADDRESS / e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF DECEASED Type or print)  A R R Middle	Futty 4. DATE OF DEATH APRIL 5 1956
	5. SEX NAICE   6. COLOR OR RACE   7. MAKRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTIN 9. AGE (th years lost birthday)   9. AGE (th years lost birthday)   Months Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	11. BUTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
	Charles Futty	Addie Clark
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. II  (Yes, no. or unknown)   (If yes, give wor or defen of nervice) 2/6-0/-4/6/6	MRS Harry Futty, North Fast, Md.
	18 CAUSE OF DEATH [Enter only one couse per line for [0], (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Ade 40 Carein Chic	of Prostate with Actuates is Interval Between ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cottse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (c)	
r	5. Chronic Polmonary Employsema · Coronary	Atheroselerosis: Hypertrophic Colecather tis YES NO DE
1	The state of the s	D. (Enter nature of injury in Part Myr Part Maf item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED fox Hour a. m. p. m. 19 at work at work	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	21. I certify that I attended the deceased from Date II	accurred at 7:07AM, from the causes and an the date stated above.
/	SIGNATURE Blaus H. Huchur	ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. Morth Eart Pef 5 April 56
	PHYSICIAN'S KLAUS H. HUEBNER	'
		holist Com- North East (KuRal) Mary And
	23. FUNERAL DIRECTOR'S SIGNATURE  Joseph TR GRANT Abreh Eas	+ M- DATE 4-656 Land E. Rothermal

NECEIVED 1956

3 'V HANNING

1		20 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3911
6 A C		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Items 3.13.17 Filmuly 6 1-20-56 e t  Reg. Dist. No. 92
please exists should be cremation	1	PLACE OF DEATH  G. COUNTY  COU
to buriol,	3	b. CITY OR TOWN III outside carporole finite major RURAL and give nearest town]  ond give nearest fown]  c. LENGTH OF STAY, IN 1b.  c. CITY OR TOWN (If consider appropriate limits, write RURAL and give nearest town)
ldy is nec director. files.		d. NAME OF HOSPITAD OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  C. IS RESIDENCE ON A FARM? YES NO OR
any delt funcral r your f registrar		NAME OF DECEASED (Type or printly) ON attack AN AND STATE Month Day Year (Type or printly) ON ARVESTEEN H 12 1956
oth. If a so the solution of a		SEX M. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH
offer dec.	-	a. USUNT OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR HYDUSTRY 11. BARTHPLACE (Stote or foreign country) 42. CITIZEN OF VYFAT COUNTRY:  during most of working the eyen if refired)  LUCLEUM 95 VYFAT COUNTRY:
24 hours Pages 1. 2ge 5 may	\	3. FATHER'S NAME  1. MOTHER'S NAME  1. MOTHER'S MANDEN NAME  1. MOTHER'
E S S S S S S S S S S S S S S S S S S S	,	on, no, or unknown of year, give were or dates of service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) Address of Service) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SERVICE) 16. SOCIAL SECURITY NO. 17. BIFORMANT (GRIPTOR) ADDRESS OF SECURITY NO.
uted with 18. Gran PM3. permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
in Her rith fo ronsit		SSOX DUE TO . Canditions, if any, which) (b)
hauld be pencil alang v		gove rise to immediate couse (a), stating the underlying cause last, (c)
nding: in	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
8 2 2 3		
Sal VER	, and an	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Cyr or town) (County) (Stote)  - Hour
4 5 9		21. I certify that I tack charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
ificate of the C.		ACTUAL SIGNATURE OR CELOPOLISION M.D. CHIEF MEDICAL EXAMINER ( DATE SIGNED
SENTY MEDICAL  e the certificate worded to the C. UNERAL DIRECTO removal.		EXAMINER'S RC DOCISON ASSISTANT MEDICAL EXAMINER THE HIT STATES ASSISTANT MEDICAL EXAMINER TO THE PROPERTY MEDICAL EXAMINER TO THE P
Former or re-		GENRIAL, CREMATION, 226. DATE THEREOF (SLOPE) 220-NAME OF CEMETERY OR CREMATORY, (Specific 4-15-1956 Principio Md. Franklick Centre Md.
VS A15ME(5) 5M 9/55	12	LEIA. Pathersouth Son, Pernyville, Md DATE 4/14/56 The June



23. FUNERAL DIRECTOR'S SIGNATURE CACON AS - LADDRESS ( LE & )

Louden Park

FUNERAL ( pode 0 VS A35 (4) 15M 9/55

Address Hospital Records VAH. Perry Point, Md. INTERVAL BETWEEN ONSEI AND DEATH Unknown PERFORMED? YES \ NO \ (County) (State) ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, lawn, or county) (Stote) altimore. Md 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MCCULLY FUNERAL HOMES, 130 E. Fort St. Balto, Mange Wine

03912

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

32. CITIZEN OF WHAT COUNTRY?

22

Days

USA

Months

e. IS RESIDENCE

ON A FARM?

YES NO IS

1956

Reg. Dist. No. 96

BOELU V

VS A15C 1-55 10M

# NETRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3942

CERTIFICATE OF DEATH

03913

			Re	g. Dist. No	
1. PLACE OF DEATH		2. HAVAL AUMINIO	de disserti de ser	DEALES	-
Cecil		Md.	C	Cecil	
COUNTY  CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE	COUNTY COUNTY		
OR end give necrest town)	(in this place)	OR	Re limits, write KOKAL en	C dian nessen town)	
TOWN Rising Sun	44 .75.	TOWN Rising	r Sun		
HOSPITAL OR		STREET	(If ture) give	location)	
INSTITUTION OR STREET ADDRESS		ADDRESS			
3. NAME OF (First)	Middle)	(Last)	4. DATE (Mont	h) (Day)	(Year)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-500)	ETF.		
(Type or Print) Edna Bens		lifford	DEATHADT		¹86
S. SEX 6. COLOR OR 7. SINGLE, MARRII RACE WIDOWED, DIV		ATE OF BIRTH 9	. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
F'emale White Specifyide	wed Jul	Lv 10 1883	779 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)		N OF WHAT
	INDUSTRY		79	COUN	
	Home	Cockeysville		U.	<u> </u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Dr. Joshua Benson		Annie Cro	DSS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO				
(Yes, no, or unk.) (If Yes, give wer or detes of service)	one	'ng Holon	Revnolds	Digina	Sum M D
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  / IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	18. MEDICAL	CERTIFICATION LAND			ET AND DEATH
DISEASE OR CONDITION CAUSING DEATH  194, DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION			20	. AUTOPSY?
170, DATE OF OFERNION	OI OILKHIION			YES	NO D
219. ACCIDENT WAS UNDERLYING   21b. PLACE (Home OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	flice bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. While M. et wo		21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the decear alive on which is the second and signature.  23. Burial, CREMATION, REMOVAL (SPECIFY) Burial  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE	that death occurre  M.D.  NAME OF CEMETERY	d at 6.50 F.M, from the ce	LOCATION (City, town,	ate stated above	ATE BIGNED
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may be retained by the spital or attending physician.	0	page 3 shauld be detached for use as the burial-transis permit. Then please remave carban papers. Pages 1 and 2,should be 🕌	the realstrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.
may be retained by a spital or otherding physician.	TO FUNERAL DIRECTOR: Wifeer this certificate has been signed by the attending physician and completely filled in by the funeral		

	MARYLANI	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8 02014					
	3922	CERTIFICA	ATE OF DEATH  Reg. Dist. No.							
	1. PLACE OF DEATH 0. COUNTY Uecil	MARYLAND	2. USUAL RESIDENCE (WIND STATE Maryla	nere deceased lived. If institution b. COUNTY	n: Residence befare admission) Cecil					
Amin Change	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Elkton	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF a	outside carporole limits, write RU	RAL and give rearest lawn)					
	d. NAME OF HOSPITAL (If not in hospital, give street or institution  Union Hospital		d. STREET ADDRESS	R. D. # 4	e. IS RESIDENCE ON A FARM? YES TO NO					
	3 NAME OF First DECEASED (Type or print) Daniel	Middle	raham	4. DATE Month OF DEATHADTI	00					
	Dallier		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
	M Wh wibor	WED DIVORCED	May 14, 189	19 55 yrs	Months Days Hours Min					
	10a. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or fareign country)	12 CITIZEN OF WHAT COUNTE					
1	Electrician	Electric Wor	k Phila. F	a.	U. S. A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME						
	Francis E. Graha			hamalton						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 11 [Yos. no. or unknown)   [If yos, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. II	NFORMANT	Addie						
			rs Gertrud	C. Graham, E	lkton, Md.					
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tine for (a), (b), and (a) }	hent faile	L	INTERVAL BETWEEN ONSET AND DEATH Sympothy					
	Conditions, if ony, which ) But to Stewardentie Contintos by Pul does Chhow									
	gave rise to immediate couse (a), staling the under- lying cause last.									
0	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)						
	G Hour o. ft. While		ACE OF INJURY (Home, farm clory, street, affice bldg., etc.	20f. (City or town)	(County) (State					
	21. I certify that I attended the deced	sed from 1 W. 28	19 J. ta	8mi 21 1956	that I last saw the decease					
	alive on April 21 19	50 and that death	occurred a Rase P	-	nd on the date stated above					
	ACTUAL SIGNATURE & MC MAN	m it			DATE SIGN					
	PHYSICIAN'S S. RALPH /	MANGERS JE	4.0,							
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, fown, or	county) (Stole)					
	Burial 4-28-56	Immacutete Con	neeption wetery	R.D. ELLG	In more					
	23. FUNERAL DIRECTOR'S SIGNATURE 25-9	E Mai It	24g. REC'I	P BY REGISTRAR 246. REGIST	RAY'S SIGNATURE					
- 1										

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3943

CERTIFICATE OF DEATH

Reg. Dist. No.

S. CITY OS TOWN IN reduide corporate limin, write   C. ENOTH OF STAN IN 16   C. CITY OS TOWN   Et anuse corporate limin, write RURAL and give necess   Town	1.	PLACE OF DEATH a, COUNTY					2. USUAL RESID	DENCE (Who	ere decease	d lived If institu		nce before o	dmission)	
RUMAL GOT POINT  OF NAME OF HOSPITAL (If not in brapped, give livest address)  OR INSTITUTION  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  OR NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  Nale  I. NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF HOSPITAL (If not in brapped, give livest address)  I. NAME OF GOOD (If National Country)  I. NAME OF GOOD (If	1	a. COUNT						Maryl	and	b. COUNT	Y			
Refer to Hospital (if not in biopital)   Pyrs. 6 mo. 13 day   Catonsville	Г			ts, write	c. LENGTH OF STAY	IN 1b	e. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
OR INSTITUTE   Continue   Conti	Ι×	Perry Point Pyrs.6mo.13days						Caton	svill	е		-2		1
Veterans Administration Hospital   219   Blakeney   Road   Veteral   Non		d. NAME OF HOSPITA	L (If not in haspital, g	ive street	uddress}		d. STREET A	DDRESS .				e. IS	RESIDEN	ICE
S. MARE OF DECEASED   ELTON   R.   BATE   April   Doy   Yeor   Part   December   Decembe		Veter	ans Admin	istra	tion Hospi	tal	2	19 BL	akene	▼ Road				
SEX   SEX   SEX   SEX   SEX   White   White   Whomed   Divorced   1-7-79   Sex   Manual Property   Month   Days   Mourh   Min   Mouth   Min   Min   Mouth   Min   Min   Mouth   Min   Mouth   Min   Mouth   Min   Mouth   Mouth   Min   Mouth   Mouth   Min   Mouth	3.										Day	Yeor		
SEX   White   Whomed   Divorced   1-7-79   Sex   Month   Day   Mourh   Min   Mourh   M	1		EL	TON	R.				OF DEATH	Apr				56
Male   White   Widowed   Divorced   1-7-79   Months   Dors   Mours   Mours   Min	5	SEX	6. COLOR OR RACE	7. MARR		ED FX			l	0.01				-
TO USUAL OCCUPATION [Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (Stofe or foreign country)   12. CITIZEN OF WHAT COUNTRY?	1	Male			_							Days Ho	ours A	Ain
during most of working life, even if relired)  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]   19. WAS CAUSED BY.   19. DEET O   19. DEE	10	USUAL OCCUPATION	N (Give kind of work	danel 10b.				/	ar foreign c			TIZEN OF W	/HAT COL	UNTRY?
13. FATHER'S NAME		duting most of worki	ng life, even if retired	1					-					
Herbert Haines Isabelle Buck  Is was deceased ever in u. s. Armed Forces? In. Social security no. 17. Informant Address  Yes Spanish American unknown Hospital Records, VAH, Perry Point, M.d.  B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY  Immediate Cause (o)  Due to  Conditions, if ony, which gove rise to immediate costs (d), staining the under prince over the immediate costs (d), staining the under prince over the immediate costs (d), staining the under prince over the immediate costs (d), staining the under the under the immediate costs (d), staining the under the immediate costs (d), staining the under the under the immediate costs (d), staining the under the	13		- 4%		Day Italii o	au						USA		
TIS. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO.  18 CAUSE OF DEATH [Enter only one coure per line for (p), (b), and (c).]  18 CAUSE OF DEATH [Enter only one coure per line for (p), (b), and (c).]  18 CAUSE OF DEATH [Enter only one coure per line for (p), (b), and (c).]  18 CAUSE OF DEATH [Enter only one coure per line for (p), (b), and (c).]  19 PART I. DEATH WAS CAUSED BY.  10 Conditions, if ony, which gave rise to immediate cotie (a), stoling the under.  10 Conditions, if ony, which gave rise to immediate cotie (a), stoling the under.  10 Cystitis  10 Cystitis  10 Can Accident Was underlying to Death But not related to the terminal disease condition given in Part 1(e) 19. WAS AUTOPSY PERFORMEDTY PERFORMENT PROPERTY PERFORMENT PERFORMENT PROPERTY PERFORMENT PERFORMEN			Uanhont 1	Inina	-									
Yes Spanish American unknown Hospital Records, VAH, Perry Point, Md.    The Cause of Death [Enter only one couse per line for (e), (b), and (e).]   PART I. DEATH WAS CAUSED BY.   Cerebral vascular accident	15	WAS DECEASED EVER				17 10	_1	етте .	DUCK	A-	dence			
BE CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]   PART I, DEATH WAS CAUSED BY.   Cerebral vascular accident     DUE TO     Conditions, if ony, which gave rise to immediate code (o), stoing the under lying course lost.     DUE TO     Cystitis     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. PLACE OF INJURY (Home, form, form, form)   (County) (Stote)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (FETTHER NOTIFY MEDICAL EXAMINER)     DOB. ACCIDENT WAS UNDERL	ΙÝ	Es, no. or unknown) 🦸   [[	yes, give war or dates of s	ervice)				D -	.7 77					
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cotic (a) stoling the under lying course last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  20c. THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the foctory, street, office bidg., etc.)  21. I certify that bruttended the deceased from 10-1/1-  P. m. VA  21. I certify that bruttended the deceased from 10-1/1-  ACTUAL  SIGNATURE  WHILE  ACTUAL  SIGNATURE  VIM. H. Harris  ACTUAL  ACTUAL  ACTUAL  PART II. OPENTAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CAMETER OR CREMATORY  22c. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CAMETER OR CREMATORY and 12d. LOCATION (City, town, or county) (Stole)	-						ospital	Recor	as, V.	AH, Perr	y Pol	nt, Md	0	
DUE TO  Conditions, if ony, which gave rise to immediate cotic (c), stating the under-lying couse last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (c) 19. WAS AUTOPSY PERFORMED?  YES 20. ACCIDENT WAS UNDERLYING   Cause of DEATH (f) FITTHER, NOTIFY MEDICAL EXAMINER;  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Wille Not while hour a.m.  p. m. VA 19 of work of wo		1				•						ONSET	AL BETWE	EN
Conditions, if ony, which gove rise to immediate cotse (a), stating the under tying couse last.  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (b) 19. WAS AUTOPSY PERFORMED? YES NO    20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Idem 1B.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 19 of work		IMMEDIATE CAUSE (0) Gerebral vascular accident												
DUE TO    Some costs (a), storing the under:   DUE TO     Systitis	П		DUE TO											
Coe'se (a), stating the under lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION CONTRIBUTIO		Conditions, if ony, which ) (b) Arteriosclerosis & Cerebral Thrombosis												
Solution   Stotes		gave rise to immediate												
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19		lying cause last.	} {c	Cy:	stitis									- wierwe
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	S S	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PAI	RT 1(a) 19. V	VAS AUTO	OPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	8													
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	15	20a. ACCIDENT WAS	UNDERLYING	206. DES	O YAULNI WOH BEIR	CCURRE	D. (Enter nature al	injury in P	art I or Par	t II of item 18 )				
21. I certify that battended the deceased from 10-14-  Alve on Documentary of the date stated above.  ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  William II. Harris  Acting Director, Professional Services  Acting Director, Professional Services  220. BURIAL (EMMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 2011 22d. LOCATION (City, town, or county) (Stote)		(IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
21. I certify that battended the deceased from 10-14-  Alve on Documentary of the date stated above.  ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  William II. Harris  Acting Director, Professional Services  Acting Director, Professional Services  220. BURIAL (EMMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 2011 22d. LOCATION (City, town, or county) (Stote)	[3		Month, Day, Ye			20e. PU	ACE OF INJURY (	lome, farm,	20f. (City	or town)	(	(County)	(3	State)
21. I certify that battended the deceased from 10-14-  Alve on Documentary of the date stated above.  ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  William II. Harris  Acting Director, Professional Services  Acting Director, Professional Services  220. BURIAL (EMMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 2011 22d. LOCATION (City, town, or county) (Stote)	A CO		19			TEK	crory, street, dirice	piag., etc.]						
ACTUAL SIGNATURE Wim. H. Harris  Acting Director, Professional Services  ACTUAL SIGNATURE Vim. H. Harris  Acting Director, Professional Services  220. BURIAL CEMATION. 226. DATE THEREOF  221. NAME OF CEMETERY OR CREMATORY  222. NAME OF CEMETERY OR CREMATORY  223. BURIAL CEMATION. (City, town, or county)  (Stote)			t trattandad the	daaaaa		tmel	10 46	Δ- Δ	nril	27 10 5	h arrev	**************************************		
ACTUAL SIGNATURE WILLIAM D. N.O. VAH, Perry Point, Md. 4-30-56  PHYSICIAN'S NAME (Type) VIm. H. Harris Acting Director, Professional Services  220. BURIAL (EMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	П	27. F curity inc	TATTICATE THE	neceds:	XXXXXX									
ACTUAL SIGNATURE WIM. H. Harris Acting Director, Professional Services  PHYSICIAN'S NAME (Type) Vim. H. Harris Acting Director, Professional Services  220. BURIAL (EMMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	П	QHA6-QUITETT		The state of the s	service that	deoth	occurred at.					the date s		
PHYSICIAN'S NAME (Type) Vim. H. Harris Acting Director, Professional Services  220. BURNAL (CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	П	ACTUAL 1	1 A A south	, 1	4. 0		MAH				i, ligiej			
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	П	SIGNATURE	VVVIII	710-	144		M.D	1011	y 1 034	10, 10,				
Deltoval Kneribi			lm. H. Harı	ris			Acting	Direc	ctor,	Profess	ional	Servi	ces	
REMOVAL SPECHY 1 1-30-56 Baltimore National Baltimore National	22	a. BURIAL, CREMATION			22c. NAME OF CEMI	TERY O	R CREMATORY	, 1	22d. LOCA	TION (City, town	ar county)		(Stote)	
Baltimore, Md.		T-	4-30-5	6	Balt	THOI	e Nation	1a.L.	E	altimor	e, 1/d.			
28 FUNEPAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE	28		STGN ATURE	1100	ADDRESS			24a. REC'D						
DATE 5-1-56 Inene Eximis Le, Le	-	MATTER A	344.367,0	HAS E	de Grace,	Md.		DATE 4	-1-	56 22	ene	- E. xi.	urs L	e, Ec

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		394	4	CERTIF	ICA	ATE OF D	EATH			Re	g. Dist. t	No.	
o. COUNTY	Cec	il		MARYL	AND	2. USUAL RESID	ence (who	re decease	d Iwed. If inst b. COUI	tution: R	Residence b	efore admi	ssion)
b. CITY OR TO	OWN (If outside	corporate lim	ls, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR T	OWN (If ou	tside corpo	prote limils, wri	e RURAL	ond give	nearest lov	n)
Port	deposi	t',Rure	11	14 yrs		Port	Depos	sit.	Ru	ral			1
d. NAME OF	HOSPITAL (IF ACUTION) INT. AT	ot in hospital, ;	give street	oddress)		d STREET A						e. IS RE	SIDENCE
OK MASIII	Mt Ar	arat I	arm	3		Mt	Arara	t F	arms				NO [
3 NAME OF DECEASED		Fi		Middle		Los		4. DATE	-	Aonth		Day	Yeor
(Type or print	) C.	harles	3	Richard	l I	Hamlin	İ	OF DEATH	Ap	ril	2	5	1956
5 SEX	6. CO	LOR OR RACE	7. MARI	RIED NEVER MARRIED		B DATE OF BIRTH	\$		9. AGE (In ye lost birthdo	ers IF U	INDER 1 YE		DER 24 HRS.
Male	W.	hite	WIDOW	ED DIVORCED		Nov.26	.1866	3		γ) Mo	inths Day	1 Hours	Min
10a. USUAL OCC	UPAT ON (Give	kind of work	done 10b.	KIND OF BUSINESS OR	INDUS					1	12 CITIZEN	OF WHA	T COUNTRY?
auring most	of working life.	Retire	d			Penn	sylve	nia			USA	1	
13. FATHER'S NA						14. MOTHER'S	~ 3/				Ų.Q.F	2	
J	oseph :	P. Han	lin			1 7	Phoeb			Cme	D. TT		
				SOCIAL SECURITY NO.	117 IN	FORMANT	11060	G		GIE	2 у		
IYes, no. Wodnown	(If yes, giv	war or dates of	ervice}	Joene Jecomii No.	11.	rs Broo	ke Di	ott			-014	1/2	
Tin Calles	Ar ar and I a				1 2112	DI DI OO	770 11	.00	FULU	<u>se bc</u>			
				ne for (o), (b), and (c).]		4	0	/	1		10	NTERVAL B	ETWEEN DEATH
170	I. DEATH WAS	IATE CAUSE (		Conon	1 69 6	~ y /C	7 47 3 -	433				5kg	
42	9.7	DUE TO	)	0 1				6					
	is, if any, whi		)	Arter	nio	Selen	- 0 3.	\$				104	no.
	to immedia stating the <u>und</u>			4.7		0-							
lying cous			)	my	00	0-01.7	· 3					104	ج
PART	II. OTHER SIGN	NIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERMIN	AL DISEAS	E CONDITION	GIVEN II	N PART 1(o	19. WAS	AJTOPSY
S			, (	Benil. x									ORMED?
PART  200. ACCIDE OR CONTRIB	NT WAS UNDE	RLYING 🗌	206. DES	CRIBE HOW INJURY OC	RRED	. (Enter noture of	injury in Po	el I or Por	t II of item 18.)				
U (IF EITHER,	NOTIFY MEDICA	L EXAMINER)											
\$ 20c. TIME OF	INJURY Mon	Ih, Day, Ye	pr 20d. II	VIURY OCCURRED 2	De. PLA	CE OF INJURY (1	lome, form.	20f /Cib	(awa) 10 v	-	(Count	lu1	(Stole)
20c. TIME OF	o. n.	19	While	Not while	fact	tory, street, office	bldg., etc.)	, , , , , ,	,		(60011	'71	(3,0,0)
	p. m.			k ot work				}					
21. I cert	ify that I at	ttended the	deceos	ed from 'Oan									
alive on_	ケートン		کے 12 ہے۔	and that d	leoth	occurred at:	58010	M, from	n the couse	s ond	on the c	dote stat	ed above.
		5 /	1 0/1	1					treet, city or to				ATE SIGNED
SIGNATURE		///	AC	chars;	^	A.D	Bon	XX	Chrs	/		4-	26-26
armana a su			_	//	77				,		4	7	
PHYSICIAN' NAME (Type	G.H.	Rich	ards	Jr.						/	Right		
220 BURIAL, CRI	MATION, 226.	DATE THEREC	)F	22c. NAME OF CEMET	ERY OF	CREMATORY	12	2d. LOCA	TION (City, tow	n. or co	univ)	(Sto	te)
E-M941d	Perity) 4	-29-1	956	Birchard					hardvi		* *	(JIC)	
23 FUNERAL DIR	ECTOR'S SIGNA	ATURE		ADDRESS			240 PECID	BY REGIST			R'S SIGNAT	TURE	
(100 G)	PH	MAN	-800	_ Perryv:	111	e.Md.	DATE W-	- ) /-	-47.	- Zh	, (	1	ach to 1
	16440	100-	1-00			7	DATE 7	200	2 7 3	L415-41	dur +		1,000

TO HOSPITAL OR ATTENDING PENSICIAE: The loss requires that the death certifies to esecuted within 24 hours after this cartificate has been signed by the attending physician.

TO FUNERAL DIRECTION After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filted with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55



Marine or

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3945 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

() 3917 Reg. Dist. No. 96

1, PLACE OF DEATH a. COUNTY	Cecil	e h	MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE	ere decease	d lived. If institute b. COUNTY	on Residenc	e before odm	ussion)
b CITY OR TOWN ( RURAL and give n	if outside corporate limi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
_ ~	y Point		4 mo. 2 da	ys	Salis	sbury				
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS	v Tan	e, Route	445	ON	A FARM?
3. NAME OF			Middle			4. DATE				
OECEASED (Type or print) RALPI-			S.		IMBODEN	OF DEATH			26	19256
5 SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARRIEI		B DATE OF BIRTH		9 AGE (In years lost birthday) 62 yrs.		YEAR IF UN	
Male	White	WIDOW	ED DIVORCED		6-24-93		62 yrs.	Months	Days Hour	Min.
10a USUAL OCCUPATI	ON (Give kind of work i king life, even if retired	lone 10b	KIND OF BUSINESS OF	INDUS	STRY 11 BIRTHPLACE (Stale	or foreign c	country)	12 CITI.	ZEN OF WHA	T COUNTRY?
	nown		unknown		Pennsyl	U:	USA			
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	Adam In	ibode	en		Emma She	nk				
15. WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. If	NFORMANT		Add	ress		
Yes, no, or unknown)	(If yes, give wor or dates of s WW I	arvice)	188-05-8762	H	ospital Recor	ds, V	AH, Perry	Poin	t, Eld.	
			ine for (a), (b), and (c).]						INTERVAL I	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Pneumonia,	bil	ateral, lower	lobe				ays
354X	DUE 10									
Conditions, if o		1	Left ventri	cul	ar hypertroph	У			unki	nown
gove rise to i										
lying couse last.		)	Marked cere	bra.	l arterioscle	rosis			unk	nown
PART II. OT					NOT RELATED TO THE TERMI				1(o) 19. WA	AUTOPSY ORMED?
S Corti	.cal atrophy	rie	ght cerebral	. he	misphere seco	ndary	to arter	rio-		NO 🗌
PART II. OT COTTI	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED	O. (Enter noture of injury in P	ort t or Pa	rt (I of item 1B )	<u></u>		
3 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d.	INJURY OCCURRED		ACE OF INJURY (Home, form,		y or town)	(C	ounly)	(Slate)
29c, TIME OF INJUI	VA 19	While	Not while	fac	tory, street, office bldg., etc.	1		•		
				27.	55 A	nnil	26 5/			
21. I certify fi	nat Mattended the	decea	sed from Dec.	<u> 24</u>	1955 to A	PLIT	20 19_25	ZIKARIZU	dektowih	E-81606666
HIMMOOC		OCATE	ANA And that	death	accurred at 2:25P					
ACTUAL	W. Cy	1	ler		M.D. V.A. Hosp	,	Ferry Po			14-27-5
PHYSICIAN'S	W. OPPLEK				Director.	Profe	esional (	Sanuia	0.5	
NAME (Type)										
BURIAL, CREMATIC	4-27-5		St. John		theran		tion (Cly. fown. de Grove,		(51)	ate)
23. FUNERAL DIRECTOR	S SIGNATURE	-/-	ADDRESS	14	240. REC'E	BY REGIS		STRAR'S SIG	NATURE	
Henry	hoder Fun	Home	Pine Grove	SIL	DATE 4	1-3x	-574	Page of	E, de	and h

's 'A Thinke

			MARY	LAND	STATE DEPA	ARTM	ENT OF HEALT	H-BALTIMO	DRE, 1	8		
			39	46	CERT	IFICA	TE OF DEAT	Н		Reg. Dist.	039	18
1.	. P	ACE OF DEATH COUNTY	Cecil		MAR	YLAND	2. USUAL RESIDENCE (W b. STATE Penns		If institute COUNTY		before adm	
-	b	CITY OR TOWN (	If outside corporate lin	ils, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF		ts, write R	URAL and giv	e negrest to	own)
		ainbridge				1 month Philadelphia				**/		
	U	OR INSTITUTION	TAL (If not in hospital, L Hospital				d. STREET ADDRESS 8010 Cornelius Street			e. IS RES DENCE ON A FARM? YES NO X		
3	Ð	AME OF ECEASED ype or print)	Jac	irst K	Middl (1		JACOBS Lost	4. DATE OF DEATH	Api		28°	Year 19 56
5	. 58	x Male	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARR		Dec 1934	9. AGE lost 2	(In years irthday) yrs		YEAR IF UN	NDER 24 HRS.
14	0o.	USUAL OCCUPATION	ON (Give kind of work king life, even if retire	done 10b	. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)		12. CITIZ		IAT COUNTRY?
		U.S.	Navy	"	U. S. Nav	ту		Jersey			U.S	5.
1;	3. F	ATHER'S NAME					14 MOTHER'S MAIDEN		120-1			
	-	Max Jac		occeo live	COCIAL SECTIONS	- 117 H	Sarah Ezera	sky Jacobs			une un	iknown)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address 16. SOCIAL SECURITY NO. 17. INFORMANT  Navy Records											
H	Ť	(es B/15/56-present None Navy Records  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN										
L	1		ATH WAS CAUSED BY:	1			INGOCOCCIC (	0571)			ONSET A	ND DEATH
L	-	10	DUE T	0]				7.1-7				-
ı		Conditions, if e	an out to be	b)								
		gove rise to i	mmediate ( Dus T									
		lying couse lost.		(c)								
SACITAN	CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	TION GIV	EN IN PART I	PER	S AUTOPSY EFORMED?
CENTIER	CEKILL	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRE	). (Enter noture of injury in	Port I or Part II of ite	ım 18.)			
ALCONOR	MEDICAL	Poc. TIME OF INJU Hour o.m. p. m.	RY Month, Day, Y	While	INJURY OCCURRED  Not while ork ot work	20e. PL/ for	ICE OF INJURY (Home, for lary, street, office bldg., et	m. 20f. (City or town	)	(Co	unty)	(Stote)
		21. I certify t	hat I attended th	e decea	sed fram.	4-26	. 19 56, ta 4	-28	19 5	5,that I la	st saw th	re deceased
	1	alive an <u>it</u>	-28	, 12	<u>56</u> , and the	t death	accurred at 1720				date st	
		ACTUAL SIGNATURE	11/1		17.00		w.D	ADDRESS (Street, city	or lown,	stote)	4-3	0-56
(		PHYSICIAN'S NAME (Type)	J. A. THON	PSON	, LT MC US	MR	USNH, Ba	inbridge,	Mary.	land		
2	20.	BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THERE	OF	22c. NAME OF CE	METERY O	RCREMATORY	22d. LOCATION (C	ty, town,	or county)	(5	itote)
		noval & P	ur 4-30-	56		Mem	rial Park	Philadel				ia
2	3. J	UNIERAL DIRECTO	S SIGNATURE	Por	ADDRESS	7-	1, 1	10 BY REGISTRAR 14-30-56	24b. REGI	STRAR'S SIGN	TATURE	2 1
V	/ -	ecura	1 ersen 7	10 10	, serryule	4,11	W. DATE	4-30-20	Noc	retey.		como

# BUREAU V. 3.

9961 8 YAY

WARDEN ED

causes

write

correct

1. PLACE OF DEATH:

How long in above place of death

How long in hospital or institution 3. (a) FULL NAME

deceased (mo., day, yr.)

10. Usual occupation. 11, Industry or busines

13. Birtholace

18. Interment

14. Malden nome

(Burial, cremation, or removal

Years

4. Sex

8. AGE:

Hospitat, institution, or street address where death occurred:

Months

PLEASE WRITE PLAINLY, is especially

## 3947

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Rog. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) outside city or town limits, write RURA, and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; allye, give age BURATION Immediate cause of deat If less than one day (Incinde pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: suicide, or homicide..... d injury occur? ..... (City or town) (County) (State) t home, farm, Industry, public place (where?) ......

y (year)	Accident,
~	Where di
41,110	Injured a
Op	Means of
1/1	
110	23, SIGN
Je fieldsky	Address .

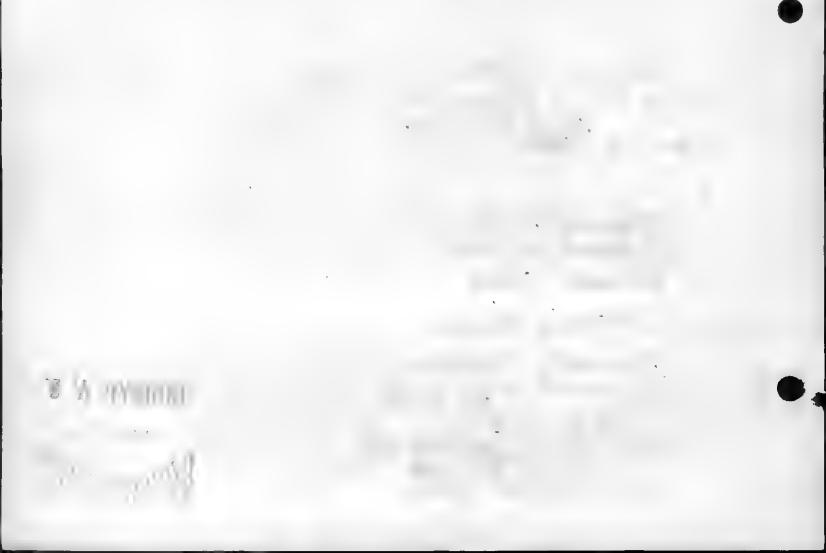
tainry

18. Funeral director

county, and state

M. D. or other

Injured at work?



permit.

FUNERAL DIR

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VS A15 (4) 15M 9/55

page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BOYEVE A C

VS A15 (4) 15M 9/55

	3949	CERTIFIC	ATE OF DEAT	Н	Reg. Dist. No. 92
1. PLACE OF DEATH Cecil		MARYLAND	2 USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	on: Res dence before admission) Cecil
b. CITY OR TOWN (If outside cars RURAL and give neorest town)  * ELICTON	porate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street a		d STREET ADDRESS R.F. D	# 1	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECLASED	First	Middle LeCompte	Lost Keene	4. DATE Mon OF DEATH April 2	
	OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH February 24	9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give king during most of working life, ever AT NOME	it retired	KIND OF BUSINESS OR INDI House Work		ar foreign country]	12. CITIZEN OF WHAT COUNTRY
Daniel DeFoe	LeCompt	e	14. MOTHER'S MAIDEN		
15 WAS DECEASEDEVER IN U. S. Al (Yes, no, or unknown) (If yes, give wor	RMED FORCES? 16. S or dates of service)	1.	informant s. Helen Ke	Add	ress R. D. #4
18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAL IMMEDIATE  Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.	JSED BY:	o tor (a), (b), and (c)]	Condit-Van	Par Casera	INTERVAL BETWEEN ONSET AND DEATH
2					/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	F DEATH	RIBE HOW INJURY OCCURR	ED. (Enler nature of injury in	Part I ar Port II af item 18.)	
20c. TIME OF INJURY Manth, Hour a. st. p. m.	Day, Year 20d. IN While of work	Not while fi	LACE OF INJURY (Home, farr octory, street, affice bldg., etc		(County) (State)
21. I certify that I attended to alive on ACTUAL SIGNATURE		the second se	h occurred at 2 2 6		2, that I last saw the deceased and an the date states pare signer ( )
PHYSICIAN'S A A A	" - 12 P. A !	tar Cemi	JR. 2 P.		
REMOYAL (Specify)	re THEREOF	22c. NAME OF CEMETERY OF	or crematory	22d. LOCATION (City, town, o	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATUR	thin 25	- ADDRESS Main	24g. REC	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03922

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BUREAU V. S.

The species of the street was

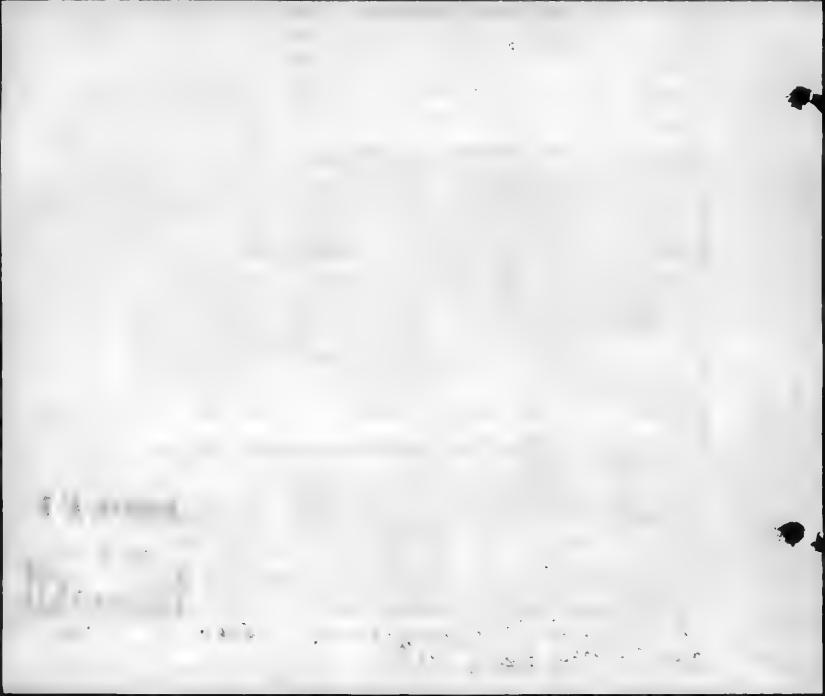
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15C 1-55 10M --

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3950 CERTIFICATE OF DEATH

03924

		-
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CECIL MARYLAND	STATE OF COUNTY OFC	
COUNTY L C / MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	STATE COUNTY EC. 1 CITY (If outside corporate firmts, write RURAL and give nearest lown)	
OR end give necrest town) (in this place)	OR .	
TOWN NORTHEAST 30 YRS	TOWN NORTH LAST	
HOSPITAL OR	STREET (If rurel give location)	
INSTITUTION OR STREET ADDRESS	AMERICA	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)	
(Type or Print) ANNA	ETTS DEATH 4 - 22 - 19.5	6
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF		
FEMALE WHITE (Spacify) MARRIED 3-	31-1879 77 yrs. Months Days Hours M	Ain.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINES\$	11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY	MARKIANO USA	
TDUSEWITE		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM ARMOUR	JANE DAWSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (Il Yas, give wer or dates of service)	Harry Letts North Each ma	/
NOVE		-
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT	
IMMEDIATE CAUSE (A) Uremia	4 week	1-
		, 7
DISEASES OR CONDITIONS. IF ANY. (B) CArcuis Interstiti	al Nenhritis 6 was the	6
GIVING RISE TO THE ABOVE CALLS	al Nephritis Guenthe	3
I STATING UNDERLYING CAUSE LAST, DOT 10	noselerosis 3yrs?	
(c) Ceneralized Arte	nosclerolis Dyrs.	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
· · · · · · · · · · · · · · · · · · ·	YES NO	3
OR CONTRIBUTING (2-CAUSE OF DEATH ) OF INJURY streat, office bidg., etc.)	lc. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21s. INJURY OCCURRED   1	TI. HOW DID INJURY OCCUR?	
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED While Not while	THE HOW DID INJURY OCCURY	
M, et work st work		
22. I hereby certify that I attended the deceased from	2. 19.56 to 22 April , 19.56 , that I last saw the decea	sed
alive on 22 April	11.30 AM, from the causes and on the date stated above.	
SIGNATURE,	ADDRESS (Street, city, town, stele) DATE SIGN	ED
Kland H Thulin	North Ent 12d 24Avil!	51
Tillery IT I M.D.  23. BURIAL CREMATION, I DATE THEREOF I NAME OF CEMETERY OR (		30
REMOVAL (SPECIFY)	Control (City, 10wil, of county)	
Burial 4-25-1956 Method	ist Worth East Cecillo Ma	/
24. 'REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
-24-56 Sand C Rattoniel	(Land Bellen & Moth En mil	
DATE 7 - 29 36   NGLAKIE WONGEL	Tourse of allani, your vach Ila	(Circle)
	, ,	

BURELIU K. K.

BEGEIVED APA

# ATTENDING PHYSICIAN OR HOSPITAL: The lam requires that the death certificate be the bottom copy may be retained by the hospital or attending physician.

this this

the registral mithin with manual after death. After in by the funaral lirector, the third capy of

FUNERAL DIRECTOR: The law requires that the death certificate be fire with certificate has been executed by the attending physician and campletely filled less than certificate assemily should be detached for use as a benial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be file.

A15C 1-55 10M

s after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 3951 CERTIFICATE OF DEATH

03925

		1103. 213	
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
county Cacil Maryland	state Delawa	re county Jew	Jastle
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (if outside corpor OR	rata limits, write RURAL and give ne	rest lown)
TOWN Painbridge 15 days	TOWN TOAT 3	acule	
HOSPITAL OR INSTITUTION OR	STREET	(If turel give location)	
STREET ADDRESS	ADDRESS	oores Lale, C	ים ייזן.
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Clifford Lee LO	UDIM	OF DEATH ),	2 19 ~ (
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF		4	R I YEAR JIF UNDER 24 HR
RACE WIDOWED, DIVORCED,	77_73	Months	
	11. BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT
I dona during most of working life, even if I OR INDUSTRY			COUNTRY?
• 4	Chirleston,		I to
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
John Fyrner Loudin		cirolar, it	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A		
(Yas, no, or unky) (If Yes, give war or datas of service)	Navy R	ecori.	
18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	3 7 5 0 1 7 0 1 7 0	2021	ONSET AND DEATH
' IMMEDIATE CAUSE (A)	e, the lend to	7 }}	
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		· · · · · · · · · · · · · · · · · · ·	+
STATING UNDERLYING CAUSE LAST. DUE TO			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES TO NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OR INJURY street, office bidg., etc.)	Te. WHERE DID INJURY OCCUR	(Cou	nly) (State)
21d. TIME OF INJURY (Month) (Dey) [Yaar] (Hour) 21e. INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUP	R?	
M. et work at work			
22. I hereby certify that I attended the deceased from	, 19.56, to	-2, 19	fast saw the deceases
alive on		auses and on the date state	ed above.
SIGNATURE	ADDI	RESS (Street, city, town, state)	
5. 2. (1) 172 M.D.		ntri e, - l.	1-1-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)		LOCATION (City, town, or count	y) (State)
<u>-2-56</u> <u>11.20 (C.16)</u>	951/)	250,27	L
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE ' Willer (	Wa, Elever	ed out levelant	le, Will.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03926

3952

# CERTIFICATE OF DEATH

	Dist.	B.F.		4	2	,,,,	-	-	
Keg.	Dist.	No.	**	1	,	,	,		,

COUNTY CECLU MARYLAND  CITY III outside compose limids, write SURAL  nd que no research lown)  TOWN  HORSEL LEWIS VILLE  MARYLAND  CITY III outside compose limid, write SURAL and que no research lown)  TOWN  HORSEL LEWIS VILLE  (See Constitution Constituti		1. PEACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
CITY (III outside compared limits, write RURAL ON MARCH Compared limits, write RURAL ON MARCH CONTROLLER (III outside) ON MARCH CONTROLLER (II		COUNTY ("ECIL MARYLAND	STATE MARYLAND COUNTY CECIL
TOWN RURAL LEWISVILLE TO THE DISEASE OF CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS LEADING TO DEATH  I DISEASES OR CONDITIONS CONTREMINING  OF NUMBER SHAPPY (Marrie) (Power Leading Shappy (Pow			CITY (If outside corporate limits, write RURAL and give neerest town)
HOSPITAL OR INSTITUTION OR STREET HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OP DECEASED PROBLEM (First)  5. SEX C. CCLOR OR (First)  10. USUAL OCCUPATION (give had of weak within gift, even if does during most sy wething lift, even if looke  lift lift lift, even if looked lift lift lift lift lift lift lift lift	П		
STRETT ADDRESS  3. NAME OF DECASASE (1978)  (Type of Print)  5. SEX 6. CCLOR OR 7. SINGLE, MARRID.  10. LUSUAL OCCUPATION (give bad of work with the composition of t			
3. NAME OPE (First) [Auddid] (Last) (Last) (Day) (Pam)		INSTITUTION OR	ADDRES\$
DECEASED  Type or Print)  S SEX  6. CCLOR OR  7. SINGLE, MARRED  WDOWED, DIXORCE  WDOWED, DIXORCE  WDOWED, DIXORCE  WDOWED, DIXORCE  WDOWED, DIXORCE  Specify MARRED  OCT G, BIRTH  100. ISSUE OCCUPATION (Give hand of work  General of working fre, even if  retired of ARM TO THE STATE  II. MRITHFACE (Siele or foreign country)  III. MRITHFACE (Siele or foreign country)	-		Hart (Mooth) (Day) (Var)
5 SEX 6. COLOR OR 7. SINGLE MARRIED. B. DATE OF BIRTH 9. AGE last brinday IF UNDER 14 AM NOTHER TO SERVICE MARRIED. SACE WITHOUS DAYS SECOND B. DATE OF BIRTH 9. AGE last brinday IF UNDER 14 AM NOTHER SECOND B. DATE OF BIRTH 9. AGE last brinday IF UNDER 14 AM NOTHER SECOND B. DATE OF BIRTH 9. AGE last brinday IF UNDER 14 AM NOTHER SECOND B. DATE OF BIRTH 10. SIAR DEPORT SECOND B. DATE OF BIRTH 10. SIAR DATE SECOND B.		DECEASED 0 0	OF 000. 157 T
SACE WHOVED, DUDGECH Specify MINISTER ULLIAND OCCUPATION (Give had of work) Specify MINISTER  10. USUAL OCCUPATION (Give had of work) Specify MINISTER  10. USUAL OCCUPATION (Give had of work) Specify MINISTER  10. USUAL OCCUPATION (Give had of work) Specify MINISTER  11. BETHPLACE (Selve or foreign country) WHAT AND Specified From Minister  12. CITERN OF WHAT COUNTRY?  13. MOTHER'S NAME  14. MOTHER'S NAME  15. MAD BECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. MAD BECASED RYRE IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO.  11. BETHPLACE (Selve or foreign country) WHAT AND COUNTRY?  14. MOTHER'S MARIEN  15. MAD BECASED RYRE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  WAS PEBA R. MCLEARY PENNA  INTERVAL RETVEEN ONES AND BEATH ONES AND BEA		(Type or Print) NOBERT F.	CLEAN MINICAL MODE
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Yes, no, or unk.  (If Yes, give wer or dates of service)		LOUNT MCCLEARY	FLITABETH THEED
[Yes, no, or unk.] [If Yes, give wer or dates of service]  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDRY CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING SIZE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST,  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION TRUST OF DEATH  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  210. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidge, etc.)  211. HOW DID INJURY OCCUR?  While  TO THE DISTANCE OF DEATH OF INJURY (Month) (Dev) (Year) (Hour) Street, office bidge, etc.)  SIGNATURE  222. I hereby certify that I allended the deceased from Andrew Contribution of the street		15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO NO 21c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Doy) (Yoar) (Hour) 21e. INJURY OCCURRED While Not while et work  22e. I hereby certify that I attended the deceased from A. et work  22e. I hereby certify that I attended the deceased from A. et work 22e. I hereby certify that I attended the deceased from A. et work 23e. MURIAL, CREMATION, PREMOVAL (SPECIFY)  23e. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  25e. FUNERAL DIRECTOR'S SIGNATURE 26e. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE 27e. SIGNATURE 28e. FUNERAL DIRECTOR'S SIGNATURE 29c. F		STATING UNDERLYING CAUSE LAST. DUE TO	1 att 1 1 1 1 1 21 5 5
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO NO NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  21c. ACCIDENT WAS UNDERLYING 21b PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidgs, etc.)  21c. WHERE DID INJURY OCCUR? (City or lown)  (County)  (Steta)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While etwork etwork etwork alive on the date stated above.  22. I hereby certify that I attended the deceased from the deceased from the causes and on the date stated above.  22. I hereby certify that I attended the deceased from the deceased alive on the date stated above.  23. BURIAL CREMATION, PART OF CEMETERY OR CREMATORY LOCATION (City, lown, stele)  24. RECORD REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. ADDRESS  27. ACCIDENT WAS UNDERLYING 20. AUTOPSY? YES NO			24/11/11/11/2018
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO NO NO CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or lown)  22c. WHERE DID INJURY OCCUR? (City or lown)  22d. Time OF INJURY (Month) (Dey) (Year) (Hour)  22d. Time OF INJURY (Month) (Dey) (Year) (Hour)  22d. I hereby certify that I attended the deceased from A DORESS (Street, city, lown, stele)  22d. BURIAL, CREMATION, REMOVAL (SPECIET)  23d. BURIAL, CREMATION, REMOVAL (SPECIET)  24d. REC D.RY REGISTRAR  REGISTRAR'S SIGNATURE  25d. FUNERAL DIRECTOR'S SIGNATURE  25d. FUNERAL DIRECTOR'S SIGNATURE  26d. REC D.RY REGISTRAR  REGISTRAR'S SIGNATURE  27d. AUTOPSY? YES NO		TO THE DEATH BUT NOT BELATED TO THE	200341
21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, form, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidgs, etc.)  21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, form, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidgs, etc.)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While   Not while   10c   1		DISEASE OR CONDITION CAUSING DEATH.	(2/3////3
OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Manth) (Dey) (Year) (Hour) 21e. INJURY OCCURED  While Not while of work 12d. 19.56, to C.C. 19.56, to C.C. 19.56, that I last saw the deceased alive on Address (Street, city, lown, stele)  22. I hereby certify that I attended the deceased from A		196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
(If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF (NJURY (Manth) (Dey) (Year) (Hour) 21e. INJURY OCCURED While et work Not while et work 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Steta)
M. etwork   Not while   1   Not while   1   Not while   1   Not while   1   Not work   1   Not w			
22. I hereby certify that I attended the deceased from \$\frac{1}{2}C\$, 19.50, to \$\frac{1}{2}C\$			HOW DID INJURY OCCUR?
alive on CANAL 27, 19			
SIGNATURE  SIGNATURE  SIGNATURE  ADDRESS (Street, city, lown, stele)  DATE BIGNED  ADDRESS (Street, city, lown, stele)  DATE BIGNED  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  MAY 1956  ST. JOHN S  LEWIS VILLE, PENNA.  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS (Street, city, lown, stele)  DATE BIGNED  ADDRESS (Street, city, lown, stele)		22. I hereby certify that I attended the deceased from 74	C , 19.556, to CC/24
SIGNATURE  SIGNATURE  SIGNATURE  ADDRESS (Street, city, lown, stele)  DATE BIGNED  ADDRESS (Street, city, lown, stele)  DATE BIGNED  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  MAY 1956  ST. JOHN S  LEWIS VILLE, PENNA.  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS (Street, city, lown, stele)  DATE BIGNED  ADDRESS (Street, city, lown, stele)	,5	alive on Life 27, 19 16 and that death occurred at .	7.45 M, from the causes and on the date stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL, CREMATION, REMOVAL (SPECIFY)  MAY 1,956  ST. JOHNS  LEWISVILLE. PENNA.  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	ě,		
BURIAL MAY 1,956 ST. JOHNS LEWISVILLE, PENNA.  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. PENNA.  27. JOHNS  26. PENNA.  27. JOHNS  27. JOHNS  28. FUNERAL DIRECTOR'S SIGNATURE  28. FUNERAL DIRECTOR'S SIGNATURE  29. JOHNS  20. JOHNS  2		fallaci worldon M.O	newall XX 4/19/16
BURIAL MAY 1,1956 S1. JOHNS LEWISVILLE, PENNA.  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	7		CREMATORY LOCATION (City, town, or county) (State)
571/36 7A72 - R - man Mount 1000	A15		5 LEWISVILLE . PENNA.
DATE 3/1/36 HATrager R.T. Jones Mework, Del.	Ş		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		DATE 3/1/36 7/17rager	K.T. Jones Ylework Del
	ı	ONIE /	

S'A CT .d i & Alli

VS A1S (4) 15M 9/SS 3954 CERTIFICATE OF DEATH

8 03928 Reg. Dist. No. 96

1. PLACE OF DEATH 0. COUNTY					2. USUAL RESID	ENCE (Wh	ere decease	d lived If institut		a before a	dmission)
g. COUNTY	Cecil		MARYLA	UND	a. STATE	Penns	sylvar	ia b. COUNT	1		
b. CITY OR TOWN (IF o		, write	c. LENGTH OF STAY IN	l lb	c, CITY OR T	OWN (If or	utside corpo	rate limits, write	RURAL and g	uve nearest	town)
RURAL and give near		31	Byrs.6mo.13d	lav		Acme				,	-
d. NAME OF HOSPITAL				,/	d. STREET A					e. 15	PESIDENCE
OR INSTITUTION  Veterans	Administ	ratio	on Hospital								ON A FARM?
3. NAME OF	First		Middle		Last		4. DATE	Ma	n.ll.	Day	Year
(Type or print)	IRA		R.		PALLI		OF DEATH	Apri	_	16	19 56
S. SEX 6	COLOR OR RACE	7. MARR	IED NEVER MARRIED	DX) {	B. DATE OF BIRTH			9. AGE (In years		I YEAR IF L	NOER 24 HRS.
Male		WIDOWE	_	- 1	9-18-88	3		last birthday) 67 yrs		Days Ho	ours Min.
19a. USUAL OCCUPAT ON during most of working	(Give kind of work de	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State o	ar foreign c	ountry)	12 CITI	ZEN OF W	HAT COUNTRY?
Laborer			unknown		Per	nnsvlv	vania		US	SA	
13. FATHER'S NAME	·····				14. MOTHER'S						
	Urias Lohi	r Pal	lmer		Eliza	abeth	(?)				
15. WAS DECEASED EYER I	N U. S. ARMED FORCE	ES? 16.		17 IN				Add	dress		
Yes Yes	res, give wor or dates of ser	(vice)	unknown	HC	Mpital F	Record	is. VA	H. Perry	Poin	t. 11d.	
	Enter only one cau	se per lir	ne for (a), (b), and (c).]							INTERVA	AL BETWEEN
PART I. DEATH	WAS CAUSED BY:		Arterioscler	cotif	ic heart	disea	se wi	th sever	e.	ONSEL	AND DEATH
420.0	MEDIATE CAUSE (o). DUE TO		coronary art				200 112	2012 20103			
Conditions, if any,	mikitak Y	,	001011019 011	0012	100010101						
gave rise to imn	nediote ( Due TO			_							
lying cause last.	Onder-										
	J (c).	ITIONS C	ONTRIBUTING TO DEAT	K BUT	NOT RELATED TO	THE TERMIN	NAI DISEAS	E CONDITION GI	VEN IN PART	1(n) 19. V	VAS AUTOPSY
ATIO									,	P	ERFORMED?
200. ACCIDENT WAS	JNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRED	). (Enter nature of	injury in P	art I or Par	t II of item 18.)		1	200 HOLL
OR CONTRIBUTING L	CAUSE OF DEATH							•			
20c. TIME OF INJURY Hour e. m.	Month, Doy, Year				CE OF INJURY (I-			r ar tawn)	(C	gunly)	(State)
₹ p. m.	VA 19	While at work	Not while	100	10.7, 21.001, 011100	orogr, arc.	1				
21. I certify that	Kattended the	deceos	ed from 10-3		. 19 22	, to /	4-16	19.50	tktæætixt	MOLDCOMOX.	HENCHMENTER
200000000000000000000000000000000000000		XXIVX	XXXX, and that d	leoth					,		
	1 1	/	1 1					treet, city as town.			DATE SIGNED
ACTUAL SIGNATURE	1'a Cetus	122	er		VAH	, Peri	ry Poi	int, Md.			4-18-56
	1/6				n.U						
PHYSICIAN'S NAME (Type)	W. OPPLER				Dir	ector	, Pro	fessiona	l Serv	ices	
220 BURIAL CREMATION,	226. DATE THEREOF	Ė	22c. NAME OF CEMET	ERY OF	CREMATORY		22d LOCA	TION (City, town,	ar county)		(State)
REMOVAL (Specify)	4-17-5	6	Arling	ton	Nationa.	1	. Aı	rlington	, Va.		
23. FUNERAL DIRECTOR'S	IGNATURE /	2	ADDRESS			24a. REC'C	BY REGIST	RAR 24b. REG	STRAR'S SIG	11	1 ,
1 Brance	- Xunniva	one.	de Grace, k	id.		DATE 4	-19-5	5 to The	me ?	, dela	want the



1	/		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03929
1	aged"		3924 CERTIFICATE OF DEATH  Reg. Dist. No. 92
ge 4		1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
I direction	-		O. COUNTY & ECIL MARYLAND O. STATE M. 1 B. COUNTY & F.C.L.
eral be fi	杨	1	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give neglect town)
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afte the sho			d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  d. STREET ADDRESS ON A FARM?
by and 2			UNION 1705 P,TAL
24 ho ed in 1 an		3.	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) U / H N A N P P P A P DEATH
fill fille		Ļ	71.010
with stely Po		3.	last birthday) Months Days Hours Min.
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execund car	- 1		during most of working life, even if retired)
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ate ician e ca			Some it Parker Bonnie Bealen
physical properties of the pro	-		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17 yes, give vior or dates of service)
8 5 5	1 9		James it Varpe worth East he
deoth ca			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
he d			PART I. DEATH WAS CAUSED BY: [NEUMONICA, In he Undefermined 6 Wiles
that the by the tr. The y ever			: DUE TO
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gner			couse (o), stoting the <u>under</u> DUE TO
cion en s ansit		z	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
s be s be al-tro		ATION	PERFORMED?
The partie		層	
AN Pendii Picat		CERTIFIC	20o. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Sich att		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
PHY of or his of		MED	Hour o. st.  P. m.  While Not while of work of twork of twork of two
NG spite			21. I certify that I ottended the deceased from
och A house		П	alive on 1 April 1956, and that death occurred at 7 AM, from the causes and on the date stated above
0 de 0			ADDRESS (Street, city or town, stote) DATE SIGNED
SEC DE	- 1		SIGNATURE CLAFON R. SWOTHS M.D.
toine toine L DIR ould I			PHYSICIAN'S Cliston R. Brooks Newark Del
SPITAL be reto NERAL 3 shou			
HOS Boy b		1280	BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION_City, town, or county) (Stote)
5 5 g =		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d, REC'P BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4)			Joseph P. Least North Euro Ma DATE 7/3/5 F. FRFream
15M 9/55		H	The state of the s

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with	1.	PLACE OF DEATH	39	33		T	TE OF DEATH	iere decease	d I ved. If inst tut's	Reg. Dist.		sion)				
should be filed	-		CECIL  (if outside corporate fimit acquest town)		MARYLAND  IGTH OF STAY IN TO  Days		c. CITY OR TOWN (IF C		prote limits, write R		nearest low	n)				
25		d NAME OF HOSP OR HASTITUTION	ITAL (If not in hospitol, gi ADMILISTRATI				d STREET ADDRESS	Street	, N. W.			SIDENCE A FARM? NO 1				
ges I one		NAME OF DECEASED (Type or print)	ORLAY!		Middle	P	HILLIPS	4. DATE OF DEATH	Apri		Day 9	Yeor 19 <sup>56</sup>				
Pool	5	liale	6. COLOR OR RACE NEGRO	7. MARRIED T	NEVER MARRIED	] B.	Date of Birth October 15,18	895	9 AGE (In years lost birthdoy) OO yrs.		YEAR IF UND	ER 24 HRS. Min.				
d compliant papers	100	during most of wo	ION (Give kind of work of rking life, even if retured) O T	Buil	of Business OR IN	DUST	South Car	or foreign c rolina	ountry)	12. CITIZE	OF WHAT	COUNTRY?				
cian ond s corbon s ofter de	13.	FATHER'S NAME MILES F	HILLIPS				14. MOTHER'S MAIDEN N MANDLE		SON							
ig physic remove 72 hour	15.	WAS DECEASED EV	ER IN U. S. ARMED FORE	250 1	SECURITY NO. 17	. IN	ormani pital Record	s, VAE	Add I., Perry		, Md.					
ottending n please re within 72			ATH [Enter only one col ATH WAS CAUSED BY, IMMEDIATE CAUSE (c)	Aneuri	sm ascend	in	g aorta with	ruptu	re into	the	INTERVAL BI ONSET AND Unknot	ETWEEN DEATH				
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os been oval, o	CATION	PART II. O'	THER SIGNIFICANT CON	DITIONS CONTRI	BUT NG TO DEATH E	UTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WAS PEREC YES	DRMED?				
icote h The buri	CERTIF	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE H	OW INJURY OCCUI	RRED.	(Enter noture of injury in	Parl 1 or Par	rt II of item 18.)							
his certifue os motion,	MEDICAL	20c, TIME OF INJU Hour o.m. p. m.	10	While _ N	OCCURRED 20e.	PLAC	E OF INJURY (Home, form ory, street, office bldg., etc	20f. (City	y or town)	{Cou	enty)	(State)				
hed for riol, cre			hot Fattended the	deceosed fro	March 1		1956 to A 6	ril 9		्राह्मकागुरु	# 39/X WE	-Electrical				
or to bu		ACTUAL	Men	1. El		2110 9			ireet, city or town,		D	ATE SIGNED				
AL DIRI		PHYSICIAN'S NAME (Type)	W. OPFINER, W	D.,Dire	ector, Proj	es Ces	sional Servi	ces,V	AH., Perry	Point	, Md.					
FUNER FUNER Poge 3 s	224		ON. 225. DATE THEREO		NAME OF CEMETERS Unknows	_	CREMATORY		TION (City, town, or Edgefield		(Sto	te)				
S A1S (4)		FUNERAL DIRECTO	R'S SIGNATURE FUNERAL HOM	E.INC:	Washington		D. C. DATE	D BY REGIS	TRAR 24b. REGI	ene X	ATURE	herty,				



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH IIII COUNTY o. STATE b. COUNTRACTORd Cecil Md. MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest town! Aberdeen Perryville 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 113 d. STREET ADDRESS prior 3 Hanover St. Susquehanna River Bridge Parking lot 3. NAME OF DATE Middle Month Day DECEASED (Type or print) Robert DEATH 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYEAR! IF UNDER 24 HRS. lost birthday) Months Vale Colored wipower DIVORCED [ Yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? B&O R.P. U.S.A. Track man Charlotte . N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Porter No information Poge 5 r Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Gertrude M. Williams, Towson, Md. Give no INTERVAL BETWEEN 18 CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (o) olong with for buriol-transit 420.1 DUE TO Hypertension Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 200, EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f (City or town) (County) factory, street, office bldg., etc. While n. m. Not while at work at work p. m. Inspection 🛣 Inquiry 📆, and find that 2), I certify that I taak charge of the remains described above, held an Autopsy ... farworded to the C FUNERAL DIRECTOR: Natural couses 131 Accident Suicide . Hamicide . Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S R.C.Dodson, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Mount Carvary Aberdaen. 23. FUNERAC DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5) DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ON A FARM?

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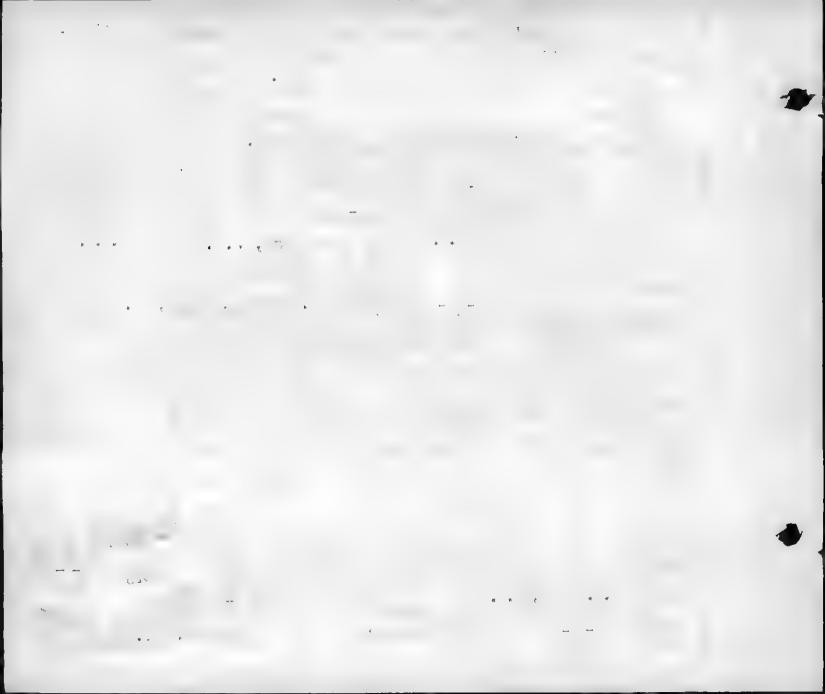
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na burio	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ond give procured limits, write RURAL and give negrest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  F. L. L. C.	2
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ony delo funeral registrar	NAME OF DECEASED TO First Month Day Year DECEASED TO PRINT A DATE MONTH DOY YEAR (Type or print) TAO 12 CARROLL RAWLINGS DEATH A 30 19.5.	6
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2, and 3 ond 2 v	2. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME	4
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Give Pog 3. Pog 5. File p	11 pro, give moi or dates of services 716-04-40 Strails Boyle Ellston ma	
em 18. form PM il permit	18. CAUSE OF DEATH [Enter only one cause per fine for (g), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  BMMEDIATE CAUSE (o)  CULTE BOYOURY OCCULIATION  ONSET AND DEATH  ONSET AND DEATH	
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ertificat ert Off ert Off	PERFORMED YES NO  20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
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CTOR:	death resulted from: Notural couses X, Accident , Suicide , Hamicide , Undetermined couse .	
certificated to the certif	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI	51
orworde FUNERA FUNERA	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  226. LOCATION (City, town, or county)  (Stole)	
YS. A15ME(5)	REMOVAL ISPECTOR'S SIGNATURE ADDRESS 240. RECISTRAR SIGNATURE	
5M 9/55	Somen E. METhellan King Sung DATE 3/736 TTT rager	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) O. COUNTA o. STATE ь, соли MARYLAND b. CITY OR TOWN (If owned corporate limits, write SCIRE) C LENGTH OF STAY IN 16 c. CITY OR ROWN (If outside corporate limits, write RURAL and give negrest town) 0 rector, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) d. STREET ADDRESS e IS RESIDENCE prior ON A FARM? files. YES NO T NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) 190 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KHOD OF BUSINESS OR INDUSTRY during most obyvorking life, even if retired) BIRTHPLACE (State or foreign country OF-WHAP COUNTRY? puo 90 5 moy 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO I'll yes, area war or deles of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) buriof-tronsit DUE TO Canditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY ő PERFORMED? NO [ CERTIFI 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Nat while O. m. at work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry X, and find that Notural couses Accident , Suicide , cute the certifical forwarded to the Cris death resulted from: Homicide , Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 22d LOCATION (City, lown/or couply 229-BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CPEMATORY (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03935
an',	3959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 94
4 should	1. PLACE OF DEATH  a. COUNTY  CLEUR MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  a. STATE  D. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  C. STATE  D. COUNTY  C. STATE  D. COUNTY  D.
to buriol,	b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown)  ond grys nearest Japan)  C. LENGTH OF STAY IN 1b  C. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown)
director.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RES.DENCE ON A FARM? YES \( \sum \) NO (**)
yaur fi egistrar	3. NAME OF DECEASED (Type or print) BONNIE LOWISE ROFINETTE OF DEATH HOOTH HOO
ined for	5. SEX  6. COLOB OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  12-20-55  9. AGE (In years less birthdoy)  WIDOWED DIVORCED 12-20-55  9. AGE (In years less birthdoy)  MonJhy Days Hours Min.
and 3 be retained 2 w	100. USUAL OCCUPATION (Give kind of work done during most of work done)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHBLACE (State of foreign country)  12. CITIZEN OF MYHAT COUNTRY?  CLISTON  12. CITIZEN OF MYHAT COUNTRY?
S may	13. FATHER'S NAME POL
File poge	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daniel Robinstell Mirth East Ma
farm PM3. Gif permit.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
pencil in I	Conditions, if any, which (b) gave rise to immediate cause (a), stating the underlying DUE TO
Office of os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO ID?
d 'pend aminer's	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
the war dical Ex e 3 shau	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work 19 work 19 of work 1
OR: Pag	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
to the Cherry to the Cherry to the Cherry DIRECTOR:	ACTUAL SIGNATURE REDICAL EXAMINER DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
the ce arded VERAL maval	EXAMINER'S RCDOSON MD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
forwer of re-	220. BURIAL, CREMATION 226. DATE THEREOF 22, NAME OF CEMETERY OF CREMATORY 223, LOCATION (City, Sown, or couply) (Spote) 4-24-56 north cost north cost.
. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE ADDRESS DATE 4 - 24 - 56 Lanal E' TEHICZMEN

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3962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND OR TOWN III. outside c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle DATE DECEASED ANI. DEATH Hype or print 6 COLOR OR RACE 7. MARRIED W NEVER MARRIED P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Hours Days DIVORCED T WIDOWED [T 12. CITIZEN OF WHAT COUNTRY? 10anUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) of working flie, eyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IR. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO P 20d. EXTERNAL CAUSE WAS PRIMARY (F) or CONTRIBUTING (C) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 op Part 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) foctory, street, office bldg., etc.) Not while at work farworded to the Chief Medi O FUNERAL DIRECTOR: Page 21. I certify that I taok charge of the remains described above, held an Autapsy 🗍, Inspection A, Inquiry X, and find that Suicide X death resulted-from: Natural causes Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER P 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR GREMATORY 22d\_LOCATION (City, town, or county) (Slate) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTION & S.

K-91-4

### 3927 CERTIFICATE OF DEATH

Reg. Dist. No.

	///	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ( MARYLAND	STATE MARY /AND COUNTY CECI	
CITY (If outside carporete limits, write RURAL LENGTH OF STAY	CITY (if autside corparete limits, write RURAL end give neerest town)	
TOWN ELKET 2 LIFETIME	TOWN ELK TON	
HOSPITAL OR	STREET (If rurel give location)	
STREET ADDRESS/01 COMMS STREET	107 COllins STreet	f
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Ye	101)
(Type or Print)	I'm Pers DEATH APril 2 19:	56
COUNTY  CITY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL OR and give nateral low)  A COUNTY (II duilde corpores limit, write RURAL and give near low)  I DOWN E I K + ON I DOWN E I DOWN E I K + ON I DOWN E I K + ON I DOWN E I K + ON I DOWN E		R 24 HR
		Min.
		IAT
	ELKTON, Md. U.S.A.	
13. FATHER'S NAME		
	0 1 1 1	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	- 101 octions por	rect
Yes V WWI ///-0/-3		d,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION   NTERVAL BETY ONSET AND D	DEATH
IMMEDIATE CAUSE (A) ACVICA-	a Eurestatio	olfa.
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO	,	
	5, ~	
TO THE DEATH BUT NOT RELATED TO THE		
		-14.5
196. WATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOP	
21e. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, farm, factory		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(and a county)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour)   21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	10 3 ( to 4/1) 10 .6 About 1	
	The second secon	1093590
SIGNATURE		IGNE
	2 . ( 1). ( + 5/1 = 1.4	4 /
M.D.  23. BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY	OR FREMATORY	(State)
	D. 24 1 A P. A. A.	31, 1
Bureal 4-5-1936 Programme	Melhodist Cem. Elelon,	RU.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE 556 LAUVING STU	cet
DATE 4/4/56 Trager	(OTolis & Bullock Davide Grace	Sm

NSTRUCTIONS

after death.

sectificate be executed w

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PH. ICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

BULEAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03942
	Film 32 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d by	3928 Reg. Dist. No. 7
please 4 shoul cremo	1. PLACE OF DEATH  o. COUNTY  O. STATE  O. STATE  O. STATE  O. COUNTY  O. COU
Buria 1	b. CITY OR TOWN At outside consorted limits secte RURAL and give nearest town) and give nearest form 2 2 2000 Completion of the consorted limits and give nearest town)
is nec	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  ON A FARM YES   NO
nerol delo your fill your fill	3. NAME OF DECEASED (Type or print) NICHAEL ENWARD STURGELL 4. DATE Month. Day Year OF DEATH 4 3 1963%
h. if or the for the form	5. SEX 9 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your load birthdoy) WIDOWED DIVORCED 1-30-56 9. AGE (In your load birthdoy) WIDOWED DIVORCED Min.
ond 3 % reloin	10a. USUANOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
s 1, 2, 5 may b	13. FATHER NAME 2 E-Stur gill Holow Filorine Diela
rin 24 ho Page 5 File page	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hope Review Address Ellston Mu
E S C S S S S S S S S S S S S S S S S S	18. CAUSE OF DEATH [Enter only one cause per life for (gf. (b), and (c).]
BEER C	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) IMMEDIATE CAUSE (6)
exec The Sonsit	12/.0 DUE TO 00
il in selection of the	Conditions, if eny, which (b) (b) (b)
pend pend plong burie	(o), stoling the underlying DUE TO
s o s	
rtification adding "s Office	PERFORMED? YES NO
This cerrification of the continuous to the cont	
the wo dicol E of 3 sho	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)  1 Hear 2 o. m. 4 3 5 6 19 Of work of work Home  1 Home  20f. (City or town) (County) (State bldg , etc.)
Pog P	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the
	death resulted from: Natural causes 🛛 Accident 🔠, Suicide 🔲, Homicide 🔲, Undetermined cause 🔲.
Hiftical to the C	ACTUAL SIGNATURE OF LE DOCKON M.D. CHIEF MEDICAL EXAMINER []
DEPUTY N Werded th UNERAL removal.	EXAMINER'S RC DOC SO X/ (1) DEPUTY MEDICAL EXAMINER D
cute i forwer or rea	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial, 4-5-56 Elector Cemetery Elector Md
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D, BY REGISTRAR'S SIGNATURE
5M 9/55	A Walter du Beze fr. Elklon, Md. DATE 4/5/36 HISrager

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			MENT OF HEALTH—BALTIMORE, 18	03947
	L	3931 CERTIFIC	CATE OF DEATH	-02
	ĩ.	PLACE OF DEATH G. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence STATE Maryland b. COUNTY	ce before admission) Cecil
		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	give riearest tawn)
1	ľ	Elkton 19 ym	Elkton	21
	1	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Union Hospital	d. street Address  223 West Main Street	e. IS RESIDENCE ON A FARM? YES NO [
	3.	NAME OF First Middle PECEASED (Type or print) ROY Te	Woods 4. DATE Month OF DEATH April	Day Year 4 19 5
	5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (in years lif UNDER lost bigligay)  Months	1 YEAR IF UNDER 24 H
	-	Male   White   wIDOWED □ DIVORCED □	April 1, 1000 00 yrs.	Days Hours Min
>		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  BOOK Keeper  L'Ik Paper Wif	B. Coeridgewater, Vermont	U. S. A.
	13	3. FATHER'S NAME E.	14. MOTHER'S MAIDEN NAME	
		Milon Woods	Eleanor M. Holt	
,	15		Henry C. Woods 54 Church St.	
	H	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Lindon, John.	
	ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rosis, left	ONSET AND DEATH
	П	65 = X DUE TO	200	
	П	Canditions, if any, which gave rise to immediate	colculy	/
	Ĺ	cause (a), stating the under- lying couse last.		
	Z		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19. WAS AUTOP
0	TAO			PERFORMED?
	CERTIFICATION		RED. (Enter nature of injury in Part 1 or Part 11 of item 18 )	
	MEDICA	Coc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED   20e.	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Citary, street, affice bldg., etc.)	County) (State
		21. I certify that I attended the deceased from March	26, 1956, to CB aid 4, 195 Tethat I l	ast saw the deced
	П	alive on CANA 1957, and that dear	th occurred at M, from the causes and on the	ne date stated ab
- 1	П	12 1 100 Kg warmen	ACDORESS (Street, city or town, state)	DATE SIG
- 4	ı	SIGNATURE On Card apreo and	M.D. Ellety ha	april
	L	PHYSICIAN'S NAME (Type) Dr. Milford Sprecher		V
	22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(State)
	-	LEGACYAL (Specify) 4-6-56 Gilpin Mane		. Due
	123 A	B. FUNERAL DIRECTOR'S SIGNATURE  259 E Magain	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	4	your current time as a teller	mal DATE 7/0/36 51/5/	azer



may be retained by It spital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTERMENT DE FUNERAL DIRECTOR:

VS A15 (4) 15M 9/55

	39	56	CERTIFIC	CAT	E OF DEATH	1		Reg. Di	st. No.	-	96
1. PLACE OF DEATH a. COUNTY	Cecil		MARYLAN	11	USUAL RESIDENCE (WHO . STATE Virgin		d lived. If institution b. COUNTY	on: Resider Henr		e odmi:	ision]
b. CITY OR TOWN (II RURAL and give no	f outside corporate lim orest town)	ts, write	c. LENGTH OF STAY IN 11	5	c. CITY OR TOWN (IF o		prote limits, write R	URAL and	give nea	rest fow	m)
X Perry Poi	nt				Richmone	i		83	X - 13		15
d. NAME OF HOSPIT	AL (If not in hospital, q	ive street	address)		d. STREET ADDRESS				-		SIDENCE A FARM?
Soveterans	Administra	tion	Hospital		4511 Fitz	hugh	Avenue				NO 📉
3. NAME OF DECEASED (Type or print)	Roland		Middle Bass	Į.	lost loodson	4, DATE OF DEATH	Mon Apri		Day	,	Yeor 19 56
5. SEX		7. MARR	IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years		1 YEAR	IF UND	ER 24 HRS
Male	White	WIDOW	476	,	8-17-84		lost birthdoy) 77 yrs.	Months	Doys	Hours	_
On USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign o		12. CI	FIZEN O	F WHA	T COUNTI
during most of work	ing life, even if retired	1			Richmond,	Vire			US		
	2 2 207	,		1							
	Edward Woo				Roberta	a Brow					
15. WAS DECEASEDEVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFO	RMANT		Add	ress			
Yes	WWI			Н	spital Reco	ords.	VAH. Per	cy Po	int,	Md	
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTE	RVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	. 113	cer of Stoma	ch v	vith bleedir	10.			ONS	IIn k	DEATH
540,0	IMMEDIATE CAUSE (c	-	ou ou no outage	VAA ,	12.011 22.000 422	-6				01110	
				. ,	1 11					1	
Conditions, if at	mediate		teriosclerot	1C I	neart diseas	se, se	evere.		-	unk	nown
coese (a), stating living couse last.		54	terioscleros	is,	generalized	d, sev	rere.			Unk	nown
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH E	BUT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	PERF	AUTOPSY ORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in (	Part I or Por	rt II of item 18.)		-		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. If While of wor	Not while		OF INJURY IHome, form, street, office bldg., etc.		y or town)	(1	County)		(Stote
21. I certify th	at Lattended the	decens	ed from Feb 1		1952 to M	arch 3	1956	disease	lans trend	methe	vderone
BOXACADCXXXX	<u> </u>		and that dec	1111 OC			m the couses of the court of th		ne aar		ATE SIGN
ACTUAL SIGNATURE	meth &	rost	erger	M.D.	Acting Ch						AIE 31911
PHYSICIAN'S NAME (Type)	Joseph Gras	berg	() er								
220. BURIAL, CREMATIO REMOVAL (Specify) Removal	N. 226. DATE THERE		22c. NAME OF CEMETERY Richmond N				TION (City, town,			(Sto	te)
23. PUNERAL DIRECTOR			ADDRESS	PLIC		D BY REGIS	TRAR 246. REGIS	Jingi	CALATIO	F	
The Division	V	7	MANUESA		1	1-2-	- 57	11 C 1 1 1 1 1	- ALL	4.51	ale.
Murra	SPON / C	m			DATE 7	-	while	ne Z		D. C. C	As a

BOKEVO A &

3881 p . 99A .

BECEINED

VS A15C 1-55 10M~

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03949

## CERTIFICATE OF DEATH 3932

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED			
COUNTY Cecil	MARYLAND	STATE Maryla	nd county	Cecil			
CITY (If outside corporate limits, write RURAL OR end give-nearest town)	LENGTH OF STAY	CITY (if outside corporete	CITY (if outside corporete limits, write RURAL end give nearest town)				
OR end give never town TOWN LIKUON	(in this place)	TOWN Elkt	on	.2 /			
HOSPITAL OR	4 Years	STREET	(If rural give locati	lon) /			
STREET ADDRESS 407 Park Circle		ADDRESS 407	Park Circl				
3. NAME OF (First) (A	(iddle)	(Last)	4. DATE (Month)	(Dey) (Year)			
(Type or Print) George	E. K	Ziefle	DEATH 4-6	-56 19			
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO				NDER 1 YEAR   IF UNDER 24 HRS.			
White (Specify) Wd		-23-82	73 yrs. Mont	hs Deys Hours Min.			
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT			
	Retired	Liberty.	Penna.	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0000124			
John Ziefle		Catherin	e Cambough				
	SOCIAL SECURITY NO.	F-UNFORMANT APAPE	BEIST \				
(If Yas, no, or unk.) (If Yas, give wer or dates of service) UNKNOWN	None	407 Park	Čircle, Elk	ton. Md.			
	18. MEDICAL CER			INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 1. 1	4/1	+1/	PONSET AND DEATH			
IMMEDIATE CAUSE (A)	m raid of	some with hills	who fly and	Urhow			
ANTECEDENT CAUSE(S)	E	t. 11.	000				
DISEASES OR CONDITIONS, IF ANY,		my my	lul				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		- U					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY₹v			
				YES NO			
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, OF INJURY streat, off		Tic. WHERE DID INJURY OCCUR?	(City or town) [1	County) (Steta)			
		214. HOW DID INJURY OCCUR?					
While M. et wor	k Not while at work	. 1					
22. I hereby certify that I attended the deceas			6 , 1956 , the	at I last saw the deceased			
	hat death occurred at		ses and on the date si				
SIGNATURE SILVE STATE SE		7 73 8 AL.	55 (Street, city, town, state)	DATE SIGNED			
23. BURIAL, CREMATION, DATE THEREOF	M.D.	CDEMATORY LI /VANA	LOCATION (City, town, or co	unity) (Stete)			
REMOVAL (SPECIFY)			= 4.1	1			
Buriai 4-9-50	Friedns Ce			enna.			
24. REC'D SY/REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS			
DATE 1/10/37 17/7~	azur	W. Henry Ty	for to	1hora mad			

ALTHORNIA PART DIRACTO TRIMITA DI ATATO DILALIYAM

## CERTIFICATE OF DEATH

BUREAU V. S.

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Menne Store